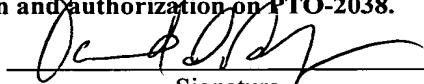


REQUEST FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional) 740123-419																							
CERTIFICATE OF MAILING OR TRANSMISSION [37 CFR 1.8(a)]  I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450, or being facsimile transmitted to the USPTO at on October 2, 2003. Signature: <u>K.M. McManus</u> Name: K.M. McManus	In re Application of Rudolf DIETL																								
	Application Number 10/082,133 For DRIVE ARRANGEMENT FOR A MOTOR VEHICLE ROOF ELEMENT WHICH CAN BE SWIVELED INTO A STOWAGE SPACE IN THE VEHICLE FOR DEPOSITION	Filed 02/26/2002																							
Group Art Unit 3612	Examiner Dennis H. Pedder																								
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and appropriate entity fee are as follows (check time period desired):</p> <table><tbody><tr><td><input type="checkbox"/> One month (37 CFR 1.17(a)(1)) - (\$55/\$110)</td><td>\$ _____</td></tr><tr><td><input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) - (\$210/\$420)</td><td>\$ _____</td></tr><tr><td><input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3)) - (\$475/\$950)</td><td>\$950.00</td></tr><tr><td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) - (\$740/\$1480)</td><td>\$ _____</td></tr><tr><td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) - (\$1005/\$2010)</td><td>\$ _____</td></tr><tr><td><input type="checkbox"/> Applicant claims small entity status.</td><td></td></tr><tr><td><input checked="" type="checkbox"/> A check to cover the fee is enclosed.</td><td></td></tr><tr><td><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</td><td></td></tr><tr><td><input type="checkbox"/> The Commissioner has already been authorized to charge fees in this application to a Deposit Account.</td><td></td></tr><tr><td><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>19-2380(740123-419)</u>. I have enclosed a duplicate copy of this sheet.</td><td></td></tr></tbody></table> <p>I am the <input type="checkbox"/> applicant/inventor</p> <table><tbody><tr><td><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).</td></tr><tr><td><input checked="" type="checkbox"/> attorney or agent of record.</td></tr><tr><td><input type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) _____.</td></tr></tbody></table> <p><b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b></p> <p><u>October 2, 2003</u> Date</p> <p> Signature</p> <p>David S. Safran Typed or printed name</p> <p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</p> <p><input type="checkbox"/> Total of <u>RECEIVED</u> forms are submitted.</p>			<input type="checkbox"/> One month (37 CFR 1.17(a)(1)) - (\$55/\$110)	\$ _____	<input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) - (\$210/\$420)	\$ _____	<input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3)) - (\$475/\$950)	\$950.00	<input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) - (\$740/\$1480)	\$ _____	<input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) - (\$1005/\$2010)	\$ _____	<input type="checkbox"/> Applicant claims small entity status.		<input checked="" type="checkbox"/> A check to cover the fee is enclosed.		<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.		<input type="checkbox"/> The Commissioner has already been authorized to charge fees in this application to a Deposit Account.		<input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>19-2380(740123-419)</u> . I have enclosed a duplicate copy of this sheet.		<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).	<input checked="" type="checkbox"/> attorney or agent of record.	<input type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) _____.
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